

**Application Data Sheet**

**Application Information**

Application number::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHOD FOR DIAGNOSING HEAD AND NECK SQUAMOUS CELL CARCINOMA
Attorney Docket Number::	0113019.00152US3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	National Institutes of Health/National Cancer Institute
Contract or Grant Numbers::	CA85067
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: Donald  
Family Name:: SOMERS  
Name Suffix::  
City of Residence:: Norfolk  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 621 Graydon Avenue

City of mailing address:: Norfolk  
State or Province of mailing address:: VA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 23507

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bao-Ling  
Middle Name::  
Family Name:: ADAM  
Name Suffix::  
City of Residence:: Norfolk  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: 769 W. 52nd Street

City of mailing address:: Norfolk  
State or Province of mailing address:: VA

Country of mailing address::

Postal or Zip Code of mailing address:: 23508

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: George

Middle Name:: L.

Family Name:: WRIGHT, Jr.

Name Suffix::

City of Residence:: Virginia Beach

State or Province of Residence:: VA

Country of Residence:: US

Street of mailing address:: 829 Moultrie Court

City of mailing address:: Virginia Beach

State or Province of mailing address:: VA

Country of mailing address::

Postal or Zip Code of mailing address:: 23455

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffery

Middle Name:: Tradnor

Family Name:: WADSWORTH

Name Suffix::

City of Residence:: Suffolk

State or Province of Residence:: VA

Country of Residence:: US

Street of mailing address:: 5002 Marsh Ridge Court

City of mailing address:: Suffolk  
State or Province of mailing address:: VA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 23435

**Correspondence Information**

Correspondence Customer Number:: 24395

**Representative Information**

Representative Customer Number:: 24395

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US04/026872	08/19/04
US04/026872	An application claiming the benefit under 35 USC 119(e)	60/495878	08/19/03
US04/026872	An application claiming the benefit under 35 USC 119(e)	60/496682	08/21/03

**Assignee Information**

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